



**To:** *All Women Count!* Providers  
**From:** Patty Lihs, *All Women Count!* Coordinator  
**Re:** 2007 *All Women Count!* Training Information  
**Date:** January 2, 2007

**Who should attend the training?** This training is for any *All Women Count!* expanded clinic site who has new staff or staff that would like a fresher/update training. Also, if a clinic site would like to offer expanded screening services for cardiovascular disease and diabetes and wants to become an *All Women Count!* expanded screening site; then staff are encouraged to participate in this training

**What staff personnel at the clinic site should attend?** Clinic managers, nurses, billing staff, receptionists and lab personnel.

**What is the registration cost to attend?** There is no registration fee to attend the training. Any one attending the training who will be driving from outside the city where the training is held will be reimbursed .32 cents per mile.

**Are CEU's offered for this training?** No, but each participant will receive a certificate for attending the training.

If you have any questions about the training please contact

*All Women Count!* Program at 1-800-738-2301

or

Patty Lihs at 605-773-3622.





**2007**

***All Women Count! Training Agenda***

**8:30 - 9:30 am**

**(1:30 to 2:30 pm)\*parenthesis indicate  
afternoon session times**

- Welcome
- SD health data
- Eligibility requirements for the program
- Screening services
- Lifestyle Interventions
- Rescreen visits
- Diagnostic services
- Treatment
  - Medicaid Treatment Act
  - RxAccess

**9:30 – 9:45am – Break**

**(2:30 to 2:45pm)\* – Break**

**9:45– 11:30 am**

**(2:45 to 4:30pm)\***

- Forms
  - Filling out the forms: Enrollment, Return Visit, Lab Summary, Mammogram Summary and Pap Summary
- Abnormal follow-up: breast, cervical, cardiac and glucose
- Billing
- Ordering materials, workflow, questions
- Evaluation/wrap-up and adjourn



# 2007

## All Women Count! Training Schedule

<i>City</i>	<i>Date</i>	<i>Location</i>	<i>Check</i> which session you will attend
<b>Sioux Falls</b>	<b>Wednesday March 7</b>  <u>Deadline to register:</u> <b>February 28</b>	<b>Schroeder Auditorium</b> Sioux Valley Hospital 1310 West 22 <sup>nd</sup> Street Sioux Falls, SD 57105	_____am – 8:30 to 11:30  _____pm - 1:30 to 4:30 <b>(repeat sessions – need only attend one.)</b>
<b>Rapid City</b>	<b>Wednesday April 11</b>  <u>Deadline to register:</u> <b>April 4</b>	<b>Conference room</b>  Rapid City Family Residency 502 East Monroe St.	_____am – 8:30 to 11:30  _____pm - 1:30 to 4:30 <b>(repeat sessions – need only attend one.)</b>
<b>Yankton</b>	<b>Wednesday May 2, 2007</b>  <u>Deadline to register:</u> <b>April 28</b>	<b>Benedictine Center Conference Room</b> Benedictine Center Building Avera Sacred Heart Campus (further building to the south on the Avera Sacred Heart Campus)	_____am – 8:30 to 11:30  _____pm - 1:30 to 4:30 <b>(repeat sessions – need only attend one.)</b>
<b>Pierre</b>	<b>Wednesday July 25</b>  <u>Deadline to register:</u> <b>July 18, 2006</b>	<b>Matthews Training Center</b> Joe Foss Building 325 East Capital Avenue Pierre, SD 57501	_____am – 8:30 to 11:30  _____pm - 1:30 to 4:30 <b>(repeat sessions – need only attend one.)</b>
<b>Watertown</b>	<b>Wednesday September 19</b>  <u>Deadline to register:</u> <b>September 12</b>	<b>Codington County Extension Complex Classroom B</b>  1910 Kemp Ave. West Watertown, SD 57201	_____am – 8:30 to 11:30  _____pm - 1:30 to 4:30 <b>(repeat sessions – need only attend one.)</b>
<b>Sioux Falls</b>	<b>Wednesday November 7</b>  <u>Deadline to register:</u> <b>October 31</b>	<b>Schroeder Auditorium</b> Sioux Valley Hospital 1310 West 22 <sup>nd</sup> Street Sioux Falls, SD 57105	_____am – 8:30 to 11:30  _____pm - 1:30 to 4:30 <b>(repeat sessions – need only attend one.)</b>

**Don't forget to check which session (am or pm) you will be attending and include this sheet with the registration information form you mail or fax.**

## **2007 All Women Count!**

### **Registration and Mail/Fax Back Information**

*(Please fill out one registration form per participant)*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Clinic represented: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Training materials** will be provided the day of the training

**Cost to attend the training:** none

**Reimbursement:** if you travel from outside the city where the training is held you will be reimbursed .32 cents per mile.

**Mail registration information to:**

**Betty Harter**

***All Women Count! Training***

**615 East 4<sup>th</sup> Street, Pierre, SD 57501**

**or fax registration to:**

**605-773-5509 attn: **Betty Harter****

**Specific questions about the training?**

**contact Patty Lihs at 605-773-3622**

**or**

**the *All Women Count!* Program at 1-800-738-2301**

***Keep a copy for your records***